

Julie Verstraete  
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SW5 0JR London  
United Kingdom  
[julieverstraete@yahoo.com](mailto:julieverstraete@yahoo.com)  
Mob. 0044 7801555687

25 September 2009

Epiq Bankruptcy Solutions, LLC  
Attn: Lehman Brothers Holdings Claims Processing  
757 Third Avenue, 3rd Floor  
New York, NY 10017  
USA

Dear,

A claim was filed on 18 September on behalf of Julie Verstraete for an amount of USD 144,166.28 - copy attached.

This claim is not correct though, and should not have been filed.  
Please cancel and remove from the epiq website.

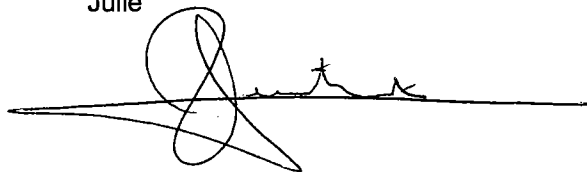
The claim filed the same day for an amount of USD 44,166.28 is correct though.

Should you require more details with respect to the cancellation of the above mentioned claim, please do not hesitate to contact me.

Also, it seems that my claimed amount is public on the website, however for most employees it refers to Schedule G.

Can you let me know why please.

Best regards,  
Julie

A handwritten signature in black ink, appearing to be 'Julie Verstraete', written over a horizontal line.

Julie Verstraete

## United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5076

New York, NY 10150-5076

## PROOF OF CLAIM

In Re:  
Lehman Brothers Holdings Inc., et al.  
Debtors.Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

UNIQUE IDENTIFICATION NUMBER: 1000245074

Name of Debtor Against Which Claim is Held  
**LEHMAN BROTHERS HOLDINGS INC.**Case No. of Debtor  
**08-13555 (JMP)**

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

## THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (CREDITOR.DBF.CREDNUM)CREDNUM # 1000245074\*\*\*\*\*  
VERSTRAETE, JULIE  
23 WETHERBY GARDENS  
LONDON SW5 0JR  
UNITED KINGDOM☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number:

(If known)

Filed on:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check this box if you are the debtor or trustee in this case.

0044780155587

Telephone number:

juliaverstraete@yahoo.com

Email Address:

Name and address where payment should be sent (if different from above)

Telephone number:

Email Address:

VOID  
TO BE  
CANCELED1. Amount of Claim as of Date Case Filed: \$44,166.28 See attachment.  
If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*  
☐ Check this box if all or part of your claim is based on a Guarantee.\*\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.2. Basis for Claim: Employee priority deferred compensation  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_

3a. Debtor may have scheduled account as: \_\_\_\_\_

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

10/02/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

JULIE VERSTRAETE

## FOR COURT USE ONLY

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

Employee claim

Amount entitled to priority:

\$44,166.28

Express Worldwide



From Lehman Brothers Finance SA  
Julie Verstraële +41442878823  
Talispress 82  
8001 Zurich  
CH SWITZERLAND

Origin  
ZRH

Lehman Brothers Holding Claim  
Processing Center  
FDR Station

757 Third Avenue 3rd floor  
c/o Epig Bankruptcy Solution

10150 NEW YORK New York  
US UNITED STATES OF AMERICA

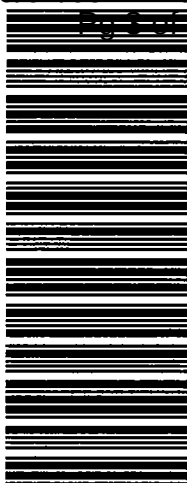
SEP 20 2009

RECEIVED

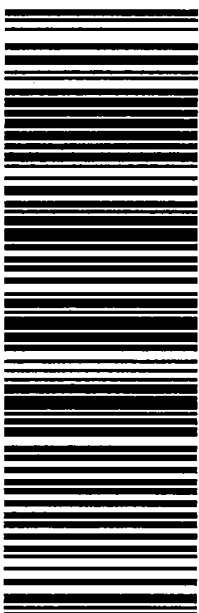
US-TSS-0A

Day Time

Ref code PWC Piece Weight: 0.1 kg Piece  
Account No 150018225 Pickup date: 2009-09-25 1/1  
Content / Commerce Control Statement / RC  
Business Documents  
Service : DDU Customs Value : 0.00 CHF  
Ship/Exp Type : permanent IV : 0.00 CHF



WAYBILL 64 9180 8945



(2L)US10150+42000000



(J)JD01 2038 7131 5000 8054